

WATER WELL REPORT

STATE OF WASHINGTON

Start Card No.

30/218h

Water Right Permit No.

(1) OWNER: Name GREENBANK WATER Address 2961 S. NORTH BLUFF GREENBANK(2) LOCATION OF WELL: County ISLAND SE & NE & Sec 8 T. 30 N., R. 2E W.M.(2a) STREET ADDRESS OF WELL (or nearest address) NORTH BLUFF RD 98253(3) PROPOSED USE: ☒ Domestic ☐ Industrial ☐ Municipal ☒
☐ Irrigation ☐ Test Well ☐ Other ☐
☐ DeWater(4) TYPE OF WORK: Owner's number of well (if more than one) 3Abandoned ☐ New well ☒ Method: Dug ☐ Bored ☐
Deepened ☐ Cable ☒ Driven ☐
Reconditioned ☐ Rotary ☐ Jetted ☐(5) DIMENSIONS: Diameter of well 6 inches.
Drilled 58 feet. Depth of completed well 58 ft

(6) CONSTRUCTION DETAILS:

Casing installed: 6 " Diam from 0 ft. to 53 1/2 ft.
Welded ☒ " Diam from _____ ft. to _____ ft.
Liner installed ☐ " Diam. from _____ ft. to _____ ft.
Threaded ☐ " Diam. from _____ ft. to _____ ft.Perforations: Yes ☐ No ☒

Type of perforator used _____

SIZE of perforations _____ in by _____ in

_____ perforations from _____ ft to _____ ft

_____ perforations from _____ ft to _____ ft

_____ perforations from _____ ft to _____ ft

Screens: Yes ☒ No ☐Manufacturer's Name HUSTONType STAINLESS Model No. _____Diam 6 Slot size 15 from 53 ft to 58 ft

Diam _____ Slot size _____ from _____ ft. to _____ ft

Gravel packed: Yes ☐ No ☒ Size of gravel _____

Gravel placed from _____ ft to _____ ft.

Surface seal: Yes ☒ No ☐ To what depth? 18 ftMaterial used in seal BENTONITEDid any strata contain unusable water? Yes ☐ No ☒

Type of water? _____ Depth of strata _____

Method of sealing strata off _____

(7) PUMP: Manufacturer's Name GRUNFOSType SUB HP 1/2(8) WATER LEVELS: Land-surface elevation above mean sea level 60' ftStatic level 46' ft. below top of well Date 1-93

Artesian pressure _____ lbs per square inch Date _____

Artesian water is controlled by _____ (Cap, valve, etc.)

(9) WELL TESTS: Drawdown is amount water level is lowered below static level

Was a pump test made? Yes ☐ No ☐ If yes, by whom? _____

Yield _____ gal / min with _____ ft drawdown after _____ hrs

" " " " " "

" " " " " "

Recovery data (time taken as zero when pump turned off) (water level measured from well top to water level)

Time Water Level Time Water Level Time Water Level

Date of test _____

Bailer test 10 gal / min with 3 ft drawdown after 2 hrs

Artest _____ gal / min with stem set at _____ ft for _____ hrs.

Artesian flow _____ g.p.m. Date _____

Temperature of water _____ Was a chemical analysis made? Yes ☐ No ☐

(10) WELL LOG or ABANDONMENT PROCEDURE DESCRIPTION

Formation: Describe by color, character, size of material and structure, and show thickness of aquifers and the kind and nature of the material in each stratum penetrated, with at least one entry for each change of information.

MATERIAL	FROM	TO
SANDY	2	8
CLAY	8	18
HARD GRAVELLY CLAY	18	46
WATER GRAVEL MIX	46	58
GRAVEL WITH CLAY CHUNKS	58	-

RECEIVED

JAN 22 1993

DEPT. OF ECOLOGY

ISLAND COUNTY
WELL SITE APPROVED

RECEIVED

MAR 11 1993

ISL. CTY. HEALTH DEPT.

Work started 1-8 Completed 1-12, 1993

WELL CONSTRUCTOR CERTIFICATION:

I constructed and/or accept responsibility for construction of this well, and its compliance with all Washington well construction standards. Materials used and the information reported above are true to my best knowledge and belief

NAME WHIDBEY DRILLERS
(PERSON, FIRM, OR CORPORATION) (TYPE OR PRINT)Address OAK HARBOR WA(Signed) Rena Jahn License No. 129
(WELL DRILLER)Contractor's
Registration WUAD289MM Date 1-12, 1993

(USE ADDITIONAL SHEETS IF NECESSARY)





Well Tagging Form

TM

Unique Well Tag No: ACA803

RECORD VERIFICATION (check one)

- ☐ Well Report available (please attach this form to the well report and submit it to the Ecology Regional Office near you)
- ☐ Verification inconclusive See #3
- ☐ Well Report not available

WELL OWNERSHIP, IF DIFFERENT FROM WELL REPORT

First Name: GREENBANK B.W. CO. INC Last Name: _____

Street Address: _____

City: _____ State: _____

LOCATION OF WELL, IF DIFFERENT FROM WELL REPORT

Well Address: 2929 N. BLUFF RD.

City: _____ County: _____

T. _____ N. R. _____ W.M. Sec. _____ 1/4 of the _____

FOR AGENCY USE ONLY

Latitude _____

Longitude _____

Elevation at land surface _____ feet/meters (circle one)

Additional information, if available:

☐ Location marked on topographic map (please attach)

☐ Location marked on air photo (please attach)

- ☐ GPS
- ☐ Topographic Map
- ☐ Survey
- ☐ Computer generated
- ☐ Digital Altimeter
- ☐ Topographic Map
- ☐ Other _____

State Dept of Health

The Department of Ecology does NOT Warranty the Data and/or the Information on this Well Report.

FOR AGENCY USE ONLY

WELL CHARACTERISTICS

al Description of well (size of casing, type of well, housing, etc.)

INSIDE METAL CYLINDER (~2') W/ROUND, FLAT WOOD
ANK TOP. ADJ. TO P.H., SRC 1, 2, & RES. C. LINK
ENCE

on of Well identification Tag:

Supplemental tag needed for ease of identifying well?

☐

Yes

☒

No

Where was tag placed?

Scale 1:24,000 (1"=2,000')

Indicate the location of the well within the Section by drawing a dot at that point.

SECTION _____

C	B	A
F	G	H
L	K	J
P	Q	R

MENTS:

FOR ECOLOGY WATER RESOURCES PROGRAM ONLY

ght #

Date Issued

One: Application

Permit

Certificate

Claim

Exempt